

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division  
Bureau of Medicaid Policy and Actuarial Services

<b>Project Number:</b>	0411-CSHCS	<b>Comments Due:</b>	6/29/04	<b>Proposed Effective Date:</b>	August 1, 2004
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**Policy Subject:** CSHCS Application Process and Financial Determination

**Affected Programs:** Children's Special Health Care Services

**Distribution:** All Providers

**Policy Summary:** The bulletin transmits an update to the application process and financial determination described in the Children's Special Health Care Services chapter of the Medicaid Provider Manual.

Non-parent legal guardians and otherwise legally responsible parties are not required to submit their personal financial information to CSHCS or enter into a payment agreement for CSHCS coverage on the client for whom they are legally responsible.

The client/family will not receive CSHCS coverage when there are two outstanding years of incomplete or unpaid payment agreement balances except in limited circumstances described in the policy.

When a client reaches the age of 18, current year payment agreements are terminated for the family within 30 days of notification to CSHCS that the client has reached age 18.

# Proposed Policy Draft

Michigan Department of Community Health  
Medical Services Administration

**Distribution:** All Providers

**Issued:** XX/XX/04

**Effective:** XX/XX/04

**Subject:** Update to Children's Special Health Care Services Chapter

**Programs Affected:** Children's Special Health Care Services

The bulletin transmits an update to the application process and financial determination described in the Children's Special Health Care Services chapter of the Medicaid Provider Manual.

Effective XX/XX/04, non-parent legal guardians and otherwise legally responsible parties are not required to submit their personal financial information to CSHCS or enter into a payment agreement for CSHCS coverage on the client for whom they are legally responsible.

A client/family may have no more than two outstanding years of incomplete or unpaid payment agreements. The client/family will not receive CSHCS coverage under a third year of a payment agreement until the oldest payment agreement amount has been met.

CSHCS coverage may continue even though the client/family acquired two outstanding years of incomplete or unpaid payment agreements in the following circumstances:

- Death of the client -- unpaid balance forgiven;
- Client has Medicaid coverage for the new third year -- unpaid balance forgiven;
- Client's/family's financial circumstances have changed and the income level no longer requires a payment agreement (below 250% of the FPL) -- unpaid balance forgiven.

When the client reaches the age of majority or otherwise becomes emancipated, outstanding payment agreements remain with the family who entered into the original agreements. Further payments on the current year payment agreement are terminated for the family within 30 days of notification to CSHCS that the client has reached age 18.